



Erie County Department of Corrections

Inmate Grievance Form

Grievance Number 3242

Inmate Name SCUTELLA, JHEN ALEXANDER

Inmate Number 21382

Grievance Regarding Service

Grievance Dt/Tm 04/26/2023 00:00

Grievance Against

Grievance Against

Grievance Category

Grievance Category

FOOD SERVICE

Grievance Note

I've asked numerous times to be placed on a vegetarian diet. My medical status prior to coming to prison is insulin resistant. I seen my PCP regularly. change of diet was most important as my cholestrol was high as well the food provided does not offer on alternate protein beside meat, also i believe the scrusys and meals Are under the proper calorii intaks that should be provided by law furthermore nofrat is offerd Ever. I also asked medical to approve a vegatary Diet which was denied My health is at risk and potential Damage to my body if i am not fed properly. Furthermor food service by law should offer an alternate protein/meal and should not have to be approved by medical or jail. Also this should be delibretd inslat form an medical for ther failure to treat my insulea resistant status



Review Officer's Note

Mr. Scutella,

You were told by your Counselor to follow directions when filing this grievance. These directions are also clearly listed on the form itself. Please note #4 states "Your grievance or appeal must be described in the area below; other forms of writing outside of the provided area will result in dismissal." You wrong outside the provided area. Also note the grievance type that states "choose only one" and you checked 2 options. Note #9 states "Failure to follow any instructions will result in dismissal of grievance." I suggest if you want to file this grievance, you request another form from your counselor and follow the instructions. This grievance is dismissed based on failure to follow instructions.

Reviewed Dt/Tm 04/27/2023 08:06

Review Officer HOLMAN, MICHAEL D

Officer Signature

Date



Exhibit
A
Plaintiff Exhibit

INMATE GRIEVANCE FORM

No. 3242

INMATE: Then Scutella
 POD: J
 CELL: 63
 DATE SUBMITTED: 4/26/2023

COUNSELOR: Donato
 DATE PROCESSED: 4/26/2023
 TYPE OF GRIEVANCE: Standard
 (STANDARD/DISCIPLINARY APPEAL/APPEAL)

GRIEVANCE TYPE (CHOOSE ONLY ONE):

SAFETY/SANITATION _____
 USE OF FORCE _____
 FOOD SERVICE X
 HYGIENE _____
 ACCESS TO COURT _____
 MAIL/CORRESPONDENCE _____
 SEXUAL HARASSMENT _____
 DISCIPLINE/PROCEDURES _____

DISCRIMINATION _____
 FAILURE TO PROTECT _____
 STAFF CONDUCT _____
 PROPERTY _____
 RECORDS _____
 ACCESS TO HEALTH CARE _____
 QUALITY OF HEALTH CARE X
 OTHER _____

INSTRUCTIONS

1. YOU HAVE 15 DAYS FROM THE DATE OF OCCURRENCE TO FILE A GRIEVANCE.
2. THIS FORM MUST BE RETURNED INTACT AND COMPLETE WITHIN 5 DAYS OF ISSUANCE.
3. THIS FORM MUST STATE SPECIFICS AS TO THE ISSUE BEING GRIEVED.
4. YOUR GRIEVANCE OR APPEAL MUST BE DESCRIBED IN THE AREA BELOW; OTHER FORMS OF WRITING OUTSIDE OF THE PROVIDED AREA WILL RESULT IN DISMISSAL.
5. CHECK ONLY ONE BOX.
6. YOU MUST ATTEMPT TO INFORMALLY RESOLVE THE ISSUE WITH YOUR COUNSELOR PRIOR TO ASKING FOR A GRIEVANCE.
7. THE GRIEVANCE MUST DEAL WITH THE INCIDENT YOU ATTEMPTED TO INFORMALLY RESOLVE.
8. NO BLANK FORMS ARE PERMITTED OUTSIDE OF THE ERIE COUNTY PRISON.
9. FAILURE TO FOLLOW ANY INSTRUCTIONS WILL RESULT IN DISMISSAL OF GRIEVANCE.

GRIEVANCE

I've asked numerous times to be placed on a Vegetarian Diet my medical status prior to coming to prison is Insulin Resistant. I seen my PCP regularly, change of diet was most important as my cholesterol was high as well the food provided does not offer an alternate protein based meal. Also I believe the scrubs and meals are under the proper calorie intake that should be provided by law furthermore no pain is offered ever. I also asked medical to approve a Vegetarian Diet which was denied my health is at risk w/ potential damage to my body if I am not fed properly furthermore food service by law should offer an alternate protein meal or should not have to be approved by medical or food. Also this should be deliberate indifference in medical for the failure to treat my Insulin Resistant status

INMATE SIGNATURE: _____
 EDCOC COPY (WHITE) INMATE COPY (YELLOW)
 REV. 4/2016

